



St. Paul Preschool
St. Paul United Methodist Church
8264 Lone Star Road † Jacksonville, Florida 32211
904-724-0931 † www.stpauljax.org
Child Enrollment Application

Class Placement

Please Print

Today's Date _____

Child's Information

Child's Full Name _____
First Middle Last Suffix

Name Child Goes By _____ Date of Birth _____

Gender: ☐ Male ☐ Female Race _____ St. Paul CEC Status: ☐ New to St. Paul Preschool
☐ Previously Enrolled in St. Paul

Times Child Care Will be Needed: _____ Beginning Enrollment Date _____

☐ VPK Only

☐ VPK Plus Childcare

☐ Monday From _____ To _____ & From _____ To _____

☐ Tuesday From _____ To _____ & From _____ To _____

☐ Wednesday From _____ To _____ & From _____ To _____

☐ Thursday From _____ To _____ & From _____ To _____

☐ Friday From _____ To _____ & From _____ To _____

If School Age: Grade Level _____ School _____

Transportation Needed: ☐ To School from Preschool ☐ From School to Preschool

Family Information

Child Lives With ☐ Both Parents ☐ Mother ☐ Father ☐ Grandparents ☐ Other _____

Home Address _____
Street Apt. # City Zip Code

Home Phone _____ Primary E-mail Address _____

Mother/Parent/Guardian's Information

Mother's Full Name _____
First Middle Last Suffix

Home Address _____
Street Apt. # City Zip Code

Home Phone _____ Mobile Phone _____ Work Phone _____

Mother's Employer _____ Department/Position _____

☐ Emergency Contact ☐ Allowed to pick up child Church Affiliation _____

Father/Parent/Guardian's Information

Father's Full Name _____
First Middle Last Suffix

Home Address _____
Street Apt. # City Zip Code

Home Phone _____ Mobile Phone _____ Work Phone _____

Father's Employer _____ Department/Position _____

☐ Emergency Contact ☐ Allowed to pick up child Church Affiliation _____

Emergency Contacts (Emergency Contacts other than Parents)

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached. A picture ID will be checked. If the information below changes after this application is submitted, then it is the responsibility of the parent to provide the St. Paul Preschool with updated information:

Contact Name	Relation to Child	Phone #	Home Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Contacts

I hereby grant permission for the staff of St. Paul Preschool to contact the following medical personnel to obtain emergency medical care if warranted:

Physician	_____	Phone #	_____
Dentist	_____	Phone #	_____
Hospital	_____	Phone #	_____
Insurance	_____	Phone #	_____
		Policy #	_____

Enrollment Requirements per Florida Statutes

Sections 7.1 and 7.2 of the Child Care Facility Handbook requires a current physical examination form 3040 and immunization record form 680 or 681 within 30 days of enrollment.

Sections 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility brochure, "Know Your Child Care Facility."

Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the St. Paul Preschool.

Enrollment Requirements per St. Paul Preschool

A \$60.00 Administrative Fee is due at the time of registration. Your child will not be officially enrolled until the Administration Fee is paid. The first week's tuition is required to be paid prior to your child's first day of enrollment. A \$30.00 Supply Fee for PK1-PK3 if required to be paid prior to your child's first day of enrollment.

All fees and/or tuition payments may be paid by check or money order payable to St. Paul United Methodist Church (please put Preschool & your child's name in the memo line.) We are unable to accept cash payments.

Parent/Guardian Acknowledgment

By signing below, I acknowledge that I have received the items required by Florida Statutes listed above, I have received a copy of the St. Paul preschool parent's Handbook, and that all the information that I have entered on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date Signed

For SPP Office Use Only:

☐ Administration Fee Paid ☐ Supply Fee Paid ☐ Supply Fee Not Applicable ☐ 1st Week Tuition Paid